



STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
TRADES PRACTICES DIVISION  
Telephone: (860) 713-6110

## **APPLICATION FOR REIMBURSEMENT FROM THE HOME IMPROVEMENT GUARANTY FUND**

### **INSTRUCTIONS:**

Applications for reimbursement from the guaranty fund must be submitted no less than 25 days after the judgment; within 2 years from the date of the judgment; and must be accompanied by all required supporting documentation. The maximum amount paid to each consumer is **\$15,000 per contract**.

You must provide the following documentation to substantiate your claim:

1. Copy of your home improvement contract(s);
2. CERTIFIED copy of the court judgment;
3. Copies of Writ of execution (BOTH Bank and Property) including statement from officer executing same; (not applicable to Small Claims Judgments) and;
4. If bankruptcy discharge, a certified copy of the Discharge of Debtor Notice including the schedule in which you are listed as a creditor.

→ Return your completed application to:

*Department of Consumer Protection, Trade Practices Division, (HIGF FUND) 165 Capitol Avenue, Hartford, CT 06106.*

### **CONSUMER INFORMATION:**

Name		Court Docket #:
Address (No. & Street, City, State, Zip Code)		
Home Telephone Number (With Area Code)	Work Telephone Number (With Area Code)	

### **CONTRACTOR INFORMATION:**

Name	Registration Number:
Business Name	Work Telephone Number (With Area Code)
Address (No. & Street, City, State, Zip Code)	

Date Contract was signed:  
(Attach copy of contract)

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Was the contractor registered at the time of your written contract or within two years prior to the date you signed the contract? YES ☐ NO ☐ (If you check "NO", you cannot apply to the fund)

Are you the owner/resident of the private residence located in Connecticut where the home improvement work was to be performed? YES ☐ NO ☐ (If you check "NO", you cannot apply to the fund)

Was the improvement for:

- ☐ Single Dwelling
- ☐ Rental Property # of Units \_\_\_\_\_
- ☐ Condominium

**NOTE:** NEW HOME CONSTRUCTION IS NOT ELIGIBLE FOR PAYMENT FROM THIS FUND.

Description of home improvement performed/contracted by contractor:

Have you obtained a Judgment: YES ☐ NO ☐ If you check "NO", you cannot apply to the fund)

Was your judgment obtained against a contractor for loss or damages sustained by reason of performance or the offering to perform home improvement in the State of Connecticut? YES ☐ NO ☐

Date of Judgment:

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(This application **MUST** be received within two (2) years from this date in order to be eligible to apply)

Amount Awarded on Judgement:	\$
Amount Paid on Judgement:	\$
Balance Owed on Judgement:	\$

Is the judgment being appealed by the contractor? YES ☐ NO ☐ (If you check "YES", you cannot apply to the fund)

☐ I have directed a sheriff to execute on my judgment against the contractor. The sheriff has provided me with a return showing no personal or real property could be found to satisfy the judgment or that the amount found was insufficient to satisfy my judgment. See attached documentation.

### **BANKRUPTCY**

IF THE CONTRACTOR HAS FILED BANKRUPTCY, YOU MAY APPLY TO THIS FUND BY PROVIDING THE FOLLOWING DOCUMENTATION:

1. This application
2. A Certified Copy of the Discharge of Debtor's Notice
3. Bankruptcy Schedule in which you are listed as a creditor

### **CERTIFICATION**

I, \_\_\_\_\_, being duly sworn, depose and say that:

1. **I CERTIFY, UNDER PENALTY OF LAW (SEC. 53A-157, CLASS A MISDEMEANOR), THAT THE ABOVE INFORMATION IN THIS APPLICATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.**
2. I believe in the obligation of an oath.
3. I am at least eighteen (18) years of age.
4. This affidavit is based upon my personal knowledge.

In the event that I also receive moneys from any other source, such as from bankruptcy court or from the contractor, for this claim. I agree to repay the guaranty fund for any amount previously paid to me from the fund for this claim. In other words, I hereby assign all my rights, title and interest in any amount which I may recover from the guaranty fund to the Commissioner of Consumer Protection.

### **NOTARIZED STATEMENT**

On \_\_\_\_\_, 200 , before me personally appeared \_\_\_\_\_ of \_\_\_\_\_, Connecticut, known to me and made oath to the truth of the matters contained herein.

Signed (Applicant) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200

Signed: \_\_\_\_\_  
(Comm. of Superior Court/Notary Public)

Commission Expires: \_\_\_\_\_